

EXHIBIT 2

COMMERCIAL LINES POLICY
COMMON POLICY RENEWAL DECLARATION
NAUTILUS INSURANCE COMPANY

Scottsdale, Arizona

Transaction #

"CERTIFIED COPY"

Named Insured and Mailing Address
(No., Street, Town or City, County, State, Zip Code)

PROVIDENCE RD REALTY TRUST
DICK WUNSCHER
30 LACKEY DAM RD
DOUGLAS MA 01516-

THIS RENEWS
POLICY NUMBER: **NC052634-01**

NOTICE

This policy is not Protected by The Massachusetts Insurance Guaranty Fund.

NO FLAT CANCELLATION

A premium charge based on policy conditions will be made, subject to minimum earned premium of \$. Policy fees, inspection fees or filing fees are fully earned at inception. Taxes, if any, will be retained on earned premiums only.

Agent and Mailing Address

Agency No. 02002 - 00

(No., Street, Town or City, County, State, Zip Code)

ALL INSURANCE BROKERAGE OF MA INC
PO BOX 1139
DOUGLAS MA 01516-1139

Policy Period: From 09/07/1999 to 09/07/2000 at 12:01 A.M. Standard Time
at your mailing address shown above.

Business Description: APARTMENTS & RESTAURANT (LRO)

Tax State MA

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

		PREMIUM
Commercial Property Coverage Part		\$ 1,890.00
Commercial General Liability Coverage Part		\$ 798.00
		\$
		\$
TOTAL ADVANCE PREMIUM		\$ 2,688.00
(Minimum & Deposit)		
Tax & Fee Schedule		
Policy Fee	\$	
State Tax	107.52	TOTAL TAXES & FEES \$ 182.52
Stamping Fee		
INSPECTION	75.00	TOTAL \$ 2,870.52

1999 NOV - 9 A 10:51

MIC/CDIC

The following changes apply to the renewal of this policy (if no entry appears below, there have been no changes):

Policy Forms Deleted:

☐ Common Declaration Policy forms added or amended:

Refer to S902 (12/98) Schedule of Forms and Endorsements

☒ Revised Coverage Part Declaration attached (if changes apply to a coverage part, a revised Supplementary Declaration must be attached).

All other Terms and Conditions remain unchanged.

UND	END	CODE	FILE
K. JANKS			
DEC 02 1999			

By

Countersignature or Authorized Representative, whichever is applicable

Countersigned: DOUGLAS MA
11/03/1999 JD

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY Includes copyrighted material of Insurance Services Office, Inc. with its permission. Copyright, Insurance Services Office, Inc., 1983, 1984